

# 2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2  
0065097

DOCUMENT # N96000002256

1. Entity Name

FRIENDS OF FANNING, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -3- PM 4: 00

Operational Services

Principal Place of Business

11650 NW 115TH ST  
CHIEFLAND FL 32626

Mailing Address

11650 NW 115TH ST  
CHIEFLAND FL 32626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3486007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRINER, LYNETTA U  
6551 NW 100TH STREET  
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | PD                    | <input type="checkbox"/> Delete            |
| NAME           | GRINER, LYNETTA U     |  |
| STREET ADDRESS | 6551 NW 100TH ST      |  |
| CITY-ST-ZIP    | CHIEFLAND FL 32626    |  |
| TITLE          | VD                    | <input type="checkbox"/> Delete            |
| NAME           | MCQUEEN, CAROL J      |  |
| STREET ADDRESS | 9207 FLORIDA STREET   |  |
| CITY-ST-ZIP    | OLD TOWN FL 32680     |  |
| TITLE          | D                     | <input checked="" type="checkbox"/> Delete |
| NAME           | EADY, VERNA M         |  |
| STREET ADDRESS | 16731 NW HWY 19       |  |
| CITY-ST-ZIP    | TRENTON FL 32693      |  |
| TITLE          | SD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | EADY, VERNA M         |  |
| STREET ADDRESS | 16731 NW HIGHWAY 19   |  |
| CITY-ST-ZIP    | TRENTON FL 32693      |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | LINDSEY, RUTH A       |  |
| STREET ADDRESS | POST OFFICE BOX 1843  |  |
| CITY-ST-ZIP    | OLD TOWN FL 32680     |  |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | HOLLINGSWORTH, SHELBY |  |
| STREET ADDRESS | 9910 NW 175 ST        |  |
| CITY-ST-ZIP    | FANNING SPGS FL 32643 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jolley, Mary Francis       |  |
| STREET ADDRESS | 8551 N.W. 173 PL           |  |
| CITY-ST-ZIP    | Fanning Springs, FL 32693  |  |
| TITLE          | SD                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Judd, Danielle J.          |  |
| STREET ADDRESS | P.O. Box 705               |  |
| CITY-ST-ZIP    | Chiefland, FL 32644        |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Nekola, Cheryl             |  |
| STREET ADDRESS | 17871 U.S Hwy 19           |  |
| CITY-ST-ZIP    | Fanning Springs, FL 32693  |  |
| TITLE          | TO                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Smith, Laura Hinoje        |  |
| STREET ADDRESS | P.O. Box 1631              |  |
| CITY-ST-ZIP    | Chiefland, FL 32644        |  |
| TITLE          | D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Swenberg, Ron              |  |
| STREET ADDRESS | 16850 N.W. Old Fanning Rd. |  |
| CITY-ST-ZIP    | Fanning Springs            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                            |  |
| STREET ADDRESS |                            |  |
| CITY-ST-ZIP    |                            |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura Smith/Treasurer

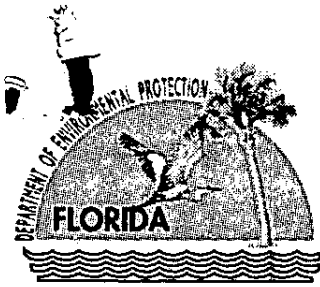
352-463-9031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



Jeb Bush  
Governor

# Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

David B. Struhs  
Secretary

March 27, 2002

Ms. Cathy Stauffer  
Division of Corporations  
Florida Department of State  
Post Office Box 6327  
Tallahassee, Florida 32314

Dear Ms. Stauffer:

This letter is to certify to you that Friends of Fanning, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fee's when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 488-8243.

Warmest regards,

*Wendy Spencer*  
Wendy Spencer, Director  
Florida State Parks

WB/pwb

Attachments